State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4) Summary Sheet

FILE NUMBER

1018 Page 14)			6180	
INSTRUCTIONS: Please type or print legibly IN BLACK INK	all information	TOTA	L PAGES IN ENTIRE C	FA-4 REPORT
on this form. For assistance in completing this form, see instr	ructions on the		4	
reverse side.	Λ			
IS THIS AN AMENDMENT? Yes X No				
AC ACT AS COME AND DESCRIPTION OF A DESC	COMMITTEE INFORMATION	THE PERSON NAMED IN		200
Full name of committee (as on Statement of Organization)     Hall Render Killian Heath & Lyman Employee Political	Check if this is a new name Action Committee	•	ne <sup>22</sup>	
2. Acronym or abbreviated name, if any		3. Committee telephone nu	mber	
Hall Way PAC  4. Mailing address (address where all campaign finance corresponder	non in received	(317) 633-4884		
500 NORTH MERIDIAN STREET, SUITE 400	Check	k if this is a new address		
5. City, state, ZIP code		6. Party affiliation (if applica	ble)	
INDIANAPOLIS IN 46204				
	EINFORMATION (For Candidate's Co			
7. Full name of candidate (include any nickname)		Party affiliation or if indep	endent	
9. Office sought (include district number, if any: Not required for expl	oratory committee.	10. County of residence	-	
TYPE OF REPO	ORT		ONVENTION CANDIE	DATES ONLY
11			12. Check one:	
Annual			Pre-Conv	
			Post-Con	STEELS IN COLUMN
12. Reporting period: From: 10/10/2015 Throu	ugh: 12/31/2015		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting p	eriod.		66,447.99	
<ol> <li>Cash on hand and investments January 1, current year.</li> <li>CONTRIBUTIONS A</li> </ol>	AND RECEIPTS			80,876.18
(Note: These amounts include in-kind contributions and loans, as well	esant Cana - 22 an mantana Cana		4 42 3 5	
15a. Itemized (use Schedule A)			390.35	3,054.82
15b. Unitemized			0.00	0.00
15c. Add lines 15a, and 15b in both columns		SUBTOTAL	390.35	3,054.82
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column	n B	TOTAL	66,838.34	83,931.00
EXPENDIT		<b>《公司》</b> 《日本》(1886年)		
(Note: These amounts include in-kind expenditures and loan repaym 17a. Itemized (use Schedule B) (Public Question: use Schedule C)	ents.)		10,500.00	27,592.66
17b. Unitemized			0.00	0.00
17c. Add lines 17a and 17b in both columns		SUBTOTAL	10,500.00	27,592.66
18. Cash on hand and investments at close of this reporting period(su	btract 17c from 16 in both columns)	TOTAL	56,338.34	56,338.34
19. Debts OWED BY the committee (use Schedule D)			0.00	3.845.845
20. Debts OWED TO the committee (use Schedule E)			0.00	· 基础。
CERTI	FICATION			
THE REMARKS IN CASE OF THE SAME AND THE PARTY OF THE PART		FITIC	FOR OFF	ICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BE TRUE, CORRECT AND COMPLETE.	STOP MT KNOWLEDGE AND BELIE	:r II 15	Filed: On	
Signature of Treasurer	Title	Date	1/12/16	9:04 am
Signature Included	Treasurer	01/12/2016		
Signature of Candidate (if applicable) Signature Included		Date 01/12/2016	myla a	Eldridge
WARNING: Any information contained in this report may not be copied	for sale or used for any commercial p	urpose.	JAN 1	2 2016
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits			- Transit	
to file a complete or accurate report as required by the Indiana Campa (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-		riisdemeanor	FIL	.ED



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

FILE NUMBER
6180
Page 1 of 2

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totated on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

the calendar year. Otherwise, this is optional.	W.			
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	36.15	759.15	10/23/2015
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
2 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.92	880.32	10/23/2015
Contributor's Occupation (if required): Attorney/Legal -		0		J. Ullom
3 Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	36.15	795.30	11/06/2015
Contributor's Occupation (if required): Altorney/Legal -				J. Ullom
4 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.92	922.24	11/06/2015
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
5 Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	36.15	831.45	11/20/2015
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
TOTAL OF ALL PAGES OF SCHEDU	AL THIS PAGE OF SCHEDULE A LE A ON THE LAST PAGE ONLY 15a of the Summary Sheet )	\$ 192.29 \$		



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly 
IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse 
side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. 
All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be 
itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds 
and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER 
\$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party 
committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during 
the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.92	964.16	11/20/2015
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
2 Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	36.15	867.60	12/04/2015
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
3 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.92	1,006.08	12/04/2015
Contributor's Occupation (if required): Attorney/Legal -				J. Ullom
4 Brian Bauer 12935 Paradise Drive DeWitt MI 48820	Contribution: Direct	36.15	903.75	12/18/2015
Contributor's Occupation (if required): Attorney/Legal -			a.	J. Ullom
5 William D Roberts 1704 Longwood Circle Goshen KY 40026	Contribution: Direct	41.92	1,048.00	12/18/2015
Contributor's Occupation (if required): Attorney/Legal -		z.		J. Ullom
SUB TOTA	L THIS PAGE OF SCHEDULE A	\$ 198.06		
TOTAL OF ALL PAGES OF SCHEDUL ( Enter total on ITEM 1	E A ON THE LAST PAGE ONLY 15a of the Summary Sheet )	\$ 390.35		



State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4 SCHEDULE B) Itemized Expenditures

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code: Contributions		Direct	500.00	500.00	10/13/2015
<ul><li>1 Greater Indianapolis Republican Finance Committee</li><li>47 South Pennsylvania, Suite 300 Indianapolis IN 46204</li></ul>		Purpose:		ě	
Code: Contributions		Direct	10,000.00	16,250.00	11/30/2015
2 Mike Pence for Indiana 47 N. Meridian Street, Suite 200 Indianapolis IN 46204	Governor	Purpose:			12
	SUB TOTAL T	HIS PAGE OF SCHEDULE B	\$ 10,500.00		
	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	B ON THE LAST PAGE ONLY 1 17a of the Summary Sheet)	\$ 10,500.00		